U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penelties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.  1. File Number: U - 3707  2. Fiscal Year Covered From:  1. File Number: U - 3707  2. Fiscal Year Covered From:  1. File Number: 12 / 31 / 200  3. Name and address of person filing.  4. Name, file number, and address of labor organization.  2. Fiscal Year Covered From:  1. File Number: 12 / 31 / 200  4. Name, file number, and address of labor organization.  2. Fiscal Year Covered From:  1. File Number: 12 / 31 / 200  3. Name and address of person filing.  Name: UNITED STEELING KERS LOCAL I Labor Organization File Number: 043-137	· · · · · · · · · · · · · · · · · · ·			
1. File Number U - 3707  2. Fiscal Year Covered From: 5 2000  1. File Number U - 3707  2. Fiscal Year Covered From: 5 2000  1. File Number U - 3707  4. Name and address of labor organization.  2. Fiscal Year Covered From: 5 2000  4. Name, file number, and address of labor organization.  2. Fiscal Year Covered From: 5 2000  1. A Name and address of labor organization.  2. Fiscal Year Covered From: 5 2000  1. A Name and address of labor organization.  2. Fiscal Year Covered From: 5 2000  1. A Name and address of labor organization.  2. Fiscal Year Covered From: 5 2000  2. Fiscal Year Covered From: 5 2000  1. A Name and address of labor organization.	· · · · · · · · · · · · · · · · · · ·			
1. File Number U - 370  2. Fiscal Year Covered From: 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	· · · · · · · · · · · · · · · · · · ·			
3. Name and address of person filing.  4. Name, file number, and address of labor organization.  ***TOSEPH K KIKER**  **Name** UNITED STEELUORKERS LOCAL I	· · · · · · · · · · · · · · · · · · ·			
3. Name and address of person filing.  4. Name, file number, and address of labor organization.  **POSEPH K KIKER Name UNITED STEELUORKERS LOCAL I	· · · · · · · · · · · · · · · · · · ·			
Name JOSEPH K KIKER Name UNITED STEELWORKERS LOCAL I				
and the country of th				
Labor Organization File Number 1/2/47-12-7	2943			
P.O. Box, Bldg., Room No., If any P.O. Box, Building and Room Number, If any P.O. Box 2	7/			
Street 2037 LOWITH AVENUE Street				
THE THE WILLIAM STATE OF THE ST				
RINGSPORT				
State TENNESSEE ZIP Code +4 37660 State TENNESSEE ZIP Code +4 3766	20			
5. Position in labor organization. LOCAL 12943 PRESIDENT				
・	J			
Exter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (Including loans) with, or derived income or other economic benefit of				
monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).  7.a. Nature of interest, Transaction, or Income.				
NAME WEYERHAEUSER COMPANY EMPLOYEE OF WEYERHAEUSER				
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any				
	}			
Street 100 CLINCHFIELD STREET				
CHY KINGSPORT 57685	, .			
Manuscript (1997)				
State TENNESSEE ZIP Code +4 37/4/4				
State TENNESSEE ZIP Code +4 37660				
Signature Signature				
Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	10			
Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the signature.	10			

y has the south them.

Name of Person Filing		File Number U- 370		
B. Held an interest in or derived income or economic benefit with monetary valuables and substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise	<b>j</b>		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	And the second s		
Name				
Trade Name, if any:	a. Labor Organizar	tion		
P.O. Box, Stdg., Room No., if any	c. Employer			
Street	C. Empoyer			
City				
State ZIP Code + 4	6 	•		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.s. Nature of such deals	Ng.		
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street			<u>ᆜ</u>	
City	11.b. Approximate dollar valu	Anna S. C. Bargarang (A. Hellander and S. Alders of the Consequence)		
State ZIP Code +4	12.a. Nature of interest held	COFFICOMS (SCORE).  COMMISSION OF THE COMMISSION		
	777		-	
	12.b. Amount.		<u> </u>	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.s. Nature of payment.		— 	
Name				
			l	
Trade Name, if any:			-	
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZiP Code + 4				
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.		٦	